

PRESIDENT'S LETTER



Welcome to the 2018 NVSHP Board year! It is my pleasure to serve as President for the organization in Nevada representing pharmacists and pharmacy technicians. I have served on the Board of NVSHP for the last 5 years and am excited to lead our organization to meet our goals for the year.

The Board for NVSHP met in January to swear in our new officers which included Secretary, President-Elect, Director-at-Large for Public Relations, and Director-at-Large for Education in the North. Our new Board members have invigorated our organization with new ideas and their energy to highlight the profession in Nevada. I encourage all of you to check out our updated pictures and bios on the website.

Even in a non-legislative year, NVSHP has been busy with a letter writing campaign to Rep. Jacky Rosen's office (Nevada's 3rd Congressional district) to encourage her to learn more about the services that pharmacists can provide. We are hoping this leads to a

busy and fruitful legislative year in 2019.

We have already had a CE in the North and our Annual Meeting for 2018 will take place on October 13, 2018 in Reno, NV at Sure Stay Best Western Plus. NVSHP will offer a preceptor development CE at the Annual Meeting to help our Pharmacist members continue to challenge students and residents with finite resources and time.

This year, the Board will send quarterly updates about our progress on our goals via a summary of our monthly calls. I'm hoping this helps to engage our members into getting involved with what NVSHP is doing in real time. We are also going to offer our members the opportunity to join our monthly calls via webinar so be on the lookout for those instructions!

NVSHP would like to improve pharmacist and technician resiliency this year by highlighting the importance of work-life balance and something as simple as taking a lunch break. Stay tuned for a social media campaign highlighting our members actually taking a lunch break as a small step in improving the resiliency of our workforce.

In closing, the Board for NVSHP is excited to try to meet our goals for the year and make you proud to be members of NVSHP.

Warm and kind regards,

Ragini S. Bhakta, PharmD, BCPS

Chapter News

In this issue...

- 1**
President's Letter
- 2-4**
Chapter News
- 5**
Director of Legislation
- 6**
Director of Education
- 7-10**
2017 NVSHP Annual
- 11**
2017 ASHP Midyear
- 12-13**
New Practitioner Spotlight
- 13-15**
New Drug Update
- 16-17**
Student Chapter News
- 18-20**
Novel Drug Approvals

Editors:

Vanessa Vaupel,
Pharm.D., BCPS

Alec Madriaga
Pharm.D. Candidate 2019



2018 ANNUAL MEETING

Redefining Your Strategy: What's Your Next Move?

The Nevada Society of Health-System Pharmacists invites you to its Annual Meeting on Saturday, October 13th, 2018 at the Sure Stay Best Western Plus, Reno Airport in Reno, Nevada.

With a focus on current issues in pharmacy and the improvement of patient care, this once-a-year gathering offers opportunities for you to stay connected, collaborate with peers, and contribute to the profession.

Book today and take advantage of:

- 4 hours of live ACPE accredited CE
- Special technician programming track
- Complimentary breakfast and lunch
- Exhibitor showcase
- Free Wi-Fi and parking
- Raffle prizes
- Networking opportunities
- Early bird rates available until October 10th, 2018

Registration and breakfast start at 7:30 AM
CE programming starts at 8 AM

Come join your peers and attend Nevada's only state-associated pharmacy meeting. We welcome all pharmacists, student pharmacists, pharmacy technicians, and allied healthcare professionals!

CLICK [HERE](#) FOR MORE INFORMATION.

Chapter News

Board of Directors

Ragini Bhakta, Pharm.D., BCPS
President
president@nvshp.org

Janice Taylor, Pharm.D., BCPS
Treasurer
treasurer@nvshp.org

**Alana Whittaker, Pharm.D.,
BCPS, BCGP**
Director-at-Large Education South

**Della Bahmandar, Pharm.D.,
MBA, BCPS**
President Elect

Stefanie Gann, Pharm.D., BCPS
Director-at-Large Education North

Jeanine Hearn, CPhT
Pharmacy Technician Representative

David Nguyen, Pharm.D., BCPS
Immediate Past President

**Vanessa Vaupel, Pharm.D.,
BCPS**
Director of Public Relations

Alec Madriaga
Student Representative

**Vasudha Gupta, Pharm.D.,
BCACP, CDE**
Secretary
secretary@nvshp.org

**Adam Porath, Pharm.D., BCPS,
BCACP**
Director-at-Large Legislation

Cherelle Nelson
Student Representative

Membership Discounts



Present this page at a participating location for discounted prices and membership!

MIDTOWN	SPANISH SPRINGS	WEST RENO	SOUTH RENO	CARSON
820 South Virginia Street Reno, NV 89502 775-375-5242	4854 Sparks Blvd, #102 Sparks, NV 89436 775-375-5242	6160 Mae Anne Ave., #1 Reno, NV 89523 775-375-5242	75 E. Patriot Blvd, #6 Reno, NV 89511 775-200-8840	3633 Research Way, #104 Carson City, NV 89706 775-841-4962

Chapter News

NVSHP &
STUDENT ALLIANCE
PRESENTS

BIG FISH, SMALL POND

STUDENT SYMPOSIUM
NOV. 3RD & 4TH, 2018
ST. ROSE SIENA CAMPUS

STRATEGIES TO DEVELOP INTO A BIG FISH IN THE
RAPIDLY SHRINKING PHARMD POND

REGISTER NOW WITH



ADMISSION FEE: \$45, \$60 AT THE DOOR

QUIZBOWL TEAM REGISTRATION \$4 PER TEAM OF 2

Day 1

Saturday, November 3rd

8AM - 5PM

Career planning and discussion with local hospital directors/leaders, information on what preceptors want you to know, lunch with Roseman alumni, and a case study focusing on leadership/fellowship topic

Breakfast and Lunch provided

Day 2

Sunday, November 4th

8AM - 1PM

Post-graduate training focused; discussions include: why to pursue a residency, how to approach appropriate timelines, Residency Showcase and speed interviewing conducted by Nevada Pharmacy Residents

Breakfast provided

QUESTIONS? CONTACT CHERELLE NELSON
CNELSON1@STUDENT.ROSEMAN.EDU
Flyer courtesy of Jackie Pham

Legislative Update



Adam Porath
PharmD, BCACP,
BCPS-AQ
Cardiology
NVSHP Director-at-Large
Legislation

It has been a busy Spring legislatively for NVSHP. Earlier this year NVSHP coordinated a letter writing campaign to target Rep. Jacky Rosen. NVSHP received 122 responses for interest in the campaign to urge Rep. Rosen to cosponsor Provider Status legislation at the national level.

Currently the Pharmacy and Medically Underserved Areas Enhancement Act (H.R.592) has 275 cosponsors in the House of Representatives including 2 of the 4 Nevada Representatives. Similarly S.109, the companion bill in the Senate currently has 52 cosponsors on the bill. Neither Nevada Senator is currently cosponsoring the bill. Although the majority of Congress has signed on to the bill sources at ASHP feel that it is unlikely to progress this legislative year in its current form. Given the national attention on the opioid crisis Congress is focused on passing some sort of comprehensive opioid legislation before the end of the summer. Some form of provider status tied to opioids may be included in this legislative package.

At the State level, NVSHP continues to advocate various Medicaid entities for provider status. Fee for service Medicaid requested NVSHP to draft a “white paper” to outline the concept of pharmacists as providers. Nevada Medicaid has used this document to create a budget concept paper which will be used to advocate for funding of this initiative in the next Legislative Session. Representatives from NVSHP have also engaged several Medicaid MCOs on the subject of credentialing pharmacists under their various plans. To date, 3 of the 4 Medicaid MCOs are currently exploring the feasibility of credentialing pharmacists under their plans.

Upcoming Nevada Board of Pharmacy Meetings

October 10 & 11

Las Vegas

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Boulevard
Las Vegas NV 89123
All meetings begin at 9:00 a.m.

December 5 & 6

Reno

Hyatt Place
1790 E Plumb Lane
Reno, NV 89502
All meetings begin at 9:00 a.m.

Education

Surgeon General's Warning on Naloxone



Alana Whittaker
PharmD, BCPS,
BCGP

NVSHP Director-at-Large
Education South

The Surgeon General of the United States Public Health Services, VADM Jerome Adams released a national advisory in April 2018 emphasizing the importance of naloxone. This is the first Surgeon General's national advisory since 2005. The opioid epidemic has killed more than 250,000 people in the last decade with over 42,000 people dying in 2016. Naloxone is the reversal agent for opioids. Dr. Adams urged more Americans to keep naloxone on hand and to learn how to use it. He emphasized that he would like to see more opioid users, their families and friends and anyone who regularly comes into contact with opioid users should carrying naloxone. Dr. Adams would like that naloxone is more available in communities across America. He quoted statistics that state America loses 115 people every day to an opioid overdose, one every 12.5 minutes and it is time that more Americans had access to this life saving medication because more than 77% of overdoses happen outside a medical facility and more than 50% happen at home. It is believed that the largest factor in increases in overdoses is due to synthetic fentanyl and its congeners. Naloxone can be administered via nasal inhalation, IV, SubQ and IM. There is also a new auto injector device that has been approved for naloxone administration. One potential concern to increasing the access to naloxone is that the cost of naloxone has increased as demand has increased and this could make access to everyone who needs to life saving medication an issue. Some insurance providers will cover the cost of naloxone but others would not and then there is the issue of who will pay of naloxone when it is not for the patient themselves but a friend or family member. Hopefully, across the USA more people will have access to this life saving medication and there can be a decline in opioid overdoses.



More on education:

The NVSHP Annual Meeting will be held on Saturday October 13th, 2018 at the Sure Stay Best Western Plus Reno airport. We look forward to seeing you at this event.

NVSHIP 2017 Annual

Congratulations to the Pharmacist of the Year: Dr. Zephanye Sistrunk



NVSHP Annual President's Award



David Nguyen
PharmD, BCPS
Immediate Past President

Congratulations to the recipient Dr. Roseann Visconti

The President's Award is given to the individual whom the President feels has contributed most to the success of his term. As last year's President, I found it difficult to choose one member of our Board who portrayed this the most. However, after much thought, I knew I had to go with last year's Immediate Past-President, Roseann Visconti. Roseann has contributed far more than just aiding me during my term as the organization's leader. In fact, she has played a direct role in molding me into the pharmacist that I am today because she was both my professor and my preceptor during pharmacy school. After graduation, she continued to instruct me in order to make my transition from student to professional less daunting. During the beginning of my time with NVSHP, she advised me extensively in regards to the workings of the organization. Beyond the professional relationship, she has become a close friend. Roseann has been a boon for me both personally and professionally. So, it is with great honor to recognize the 2017 President's Award winner, Roseann Visconti. Thank you so much for your help and support.

David Nguyen, Immediate Past President



NVSHIP Annual Bowl of Hygeia Recipient:



**Mark Decerbo,
PharmD, BCPS,
BCNSP**

Associate Professor of
Pharmacy Practice

Mark Decerbo received his Doctor of Pharmacy (Pharm.D.) degree from Northeastern University in Boston, Massachusetts and went on to complete a PGY-1 pharmacy practice residency at Duke University Medical Center in Durham, North Carolina. He is currently an Associate Professor of Pharmacy Practice at Roseman University of Health Sciences with an inpatient internal medicine clinical practice site at University Medical Center of Southern Nevada. He additionally serves as Clinical Associate Professor of Medicine with the University of Nevada School of Medicine and an Assistant Professor of Pharmacology at Touro University- Nevada. He is credentialed by the Board of Pharmaceutical Specialties (BPS) as both a Board Certified Pharmacotherapy Specialist (BCPS) and Board Certified Nutrition Support Pharmacist (BCNSP), and serves as a BPS Non-Specialist Member on the BCNP Nuclear Specialty Council.

Locally, he is in his third Governor-appointed term on the State of Nevada Medicaid P&T Committee, received the 11th Annual Healthcare Hero Award in Education from Nevada Business Magazine for Southern Nevada, and was featured in the 2016 publication of Distinguished Men of Nevada.

Nationally, he serves as an appointed member of both the NABP NAPLEX Review Committee (NRC) and Advisory Committee on Examinations (ACE), is Vice-Chair of the USP Healthcare Quality & Safety Expert Committee, and was selected as a Pharmacy Times 2015 NextGeneration Pharmacist™ finalist.

Internationally, in conjunction with the Indian Association of Colleges of Pharmacy, Dr. Decerbo is a frequent guest lecturer and preceptor trainer at Colleges of Pharmacy throughout Southern India as the country has introduced the Doctor of Pharmacy degree.

1) Why did you choose the profession of pharmacy and why this particular practice of pharmacy?

It was actually my father who suggested this career path while I was in high school- of course, because it came from a parent, I was immediately opposed to the idea. But I slowly began to do my research, and discovered what a rewarding field pharmacy could be, with an actual practical application of knowledge to serve others. I was always told I had a very linear style of thought which lent itself well to teaching, so I was attracted to a career in academia upon completion of my residency.

2) What do you find most rewarding about your profession?

Again, it is the fact that we pharmacists do not simply accumulate knowledge in a vacuum-

Bowl of Hygeia Recipient



**Mark Decerbo,
PharmD, BCPS,
BCNSP**

Associate Professor of
Pharmacy Practice

almost everything we read and learn can be utilized to potentially generate a meaningful impact in someone's life. Being in academia gives me the opportunity to both teach future pharmacists while at the same time impacting patient care. The two complement each other very nicely- patient care makes me a better educator, and vice-versa.

3) Where do you hope the profession of pharmacy will be in the next 10 years?

The profession has come so far in the past few decades, but we still aren't where we should be as a whole. We are so very unique in terms of a group of professionals with such a vastly underutilized skill set due to a variety of reasons. We need to continue to advance not just what we can do, but more importantly, what the existing patchwork of regulations, structure of healthcare delivery, and inertia has allowed us to do.

4) What are some of the biggest challenges you face facing in the field of pharmacy? (I changed Q slightly)

Even but a cursory look at today's job market tells us we've evened out the supply-demand curve of pharmacists over the past several decades, and this has ushered in an era where pharmacists are now practicing in roles which were previously unheard of. This has undoubtedly been a net-positive for patient care and the effective delivery of healthcare as a whole. Moving forward, in a climate where unmet demand is longer the most pressing need, we need to examine how to both attract and groom individuals with a primary leadership focus. Throughout the country, we see other professions running the C-suite, while far too many pharmacy leadership positions are filled by convenience rather than by design. How do we inculcate a culture within pharmacy that changes this? Everyone talks about potential external "disruptors" such as Amazon, while we should instead be focusing on how we can make our own very profession the "disruptor."

5) As the recipient of The Bowl of Hygeia, what does this award mean to you?

It is absolutely an incredible honor- there's a good number of pharmacists in our state who are doing their best day in, day out in order to improve patient care while advancing our profession in both functionality, as well as in the perception of both the public and fellow healthcare providers. To be counted among them is very humbling.

ASHP Midyear



Danica Uy,
PharmD
Clinical Pharmacy
Resident

Have you ever experienced the Pharmacy Hunger Games? December marks the year when final year PharmD candidates come together to showcase their interests in their desired fellowship or residency programs. It is a time when you strategically map out your day, your time, and your list of questions to get to know that program better. When those doors open for PPS or residency showcase, it is your time to shine, along with the hundreds of candidates that also increase their pace to that booth you have marked “X” on. This exciting and strenuous time is called American Society of Health System Pharmacists Midyear Clinical Meeting & Exhibition (ASHP Midyear Meeting and Exhibition). This is the largest gathering of pharmacy professionals in the world. Besides from searching potential programs, this large gathering provides pharmacy professionals the opportunity to update their knowledge with various CE’s, participate in poster presentations, network with colleagues, and learn about the latest products and innovations.

ASHP’s Midyear Meeting was a rewarding 5 days for me. I roomed with 8 girls all nervous, but eager to become acquainted with programs we have been researching meticulously. Am I the right fit for this program? Do I see myself here? How will this place benefit me? All these questions ran through our minds while we all sat together in the living room and kitchen table. We bonded through this experience and we pushed each other to expand our horizons and not geographically limit ourselves. We worked so hard for this time, so why not try our best? Even if we do not match, at least we gave it our all.

All fellowship and residency hunting put aside, Midyear was absolutely thrilling. My roommates and I took our extra time for useful showcases such as, understanding how to navigate through PhORCAS, how match works, how to answer interview questions, and of course, see the former first lady, Michelle Obama. After gaining some useful knowledge, we all presented our posters together. It was a straight line of Roseman PharmD candidate posters and I was proud to be able to present alongside my classmates.

Midyear did not end just like that. We were given the opportunity to explore Orlando’s Universal Studios! With our ASHP registration ticket, we were also given discounts for Disney World! It was truly 5 wonderful days filled with memories that I will never forget. From Uber/Lyft drives from place to place, presenting posters, and re-acquainting with pharmacy friends from around the nation, I would do this all over again.

New Practitioner Spotlight



Eddy Min, PharmD

Clinical Pharmacist
Veterans Affairs
Healthcare System

My name is Eddy Min and I currently work as an inpatient pharmacist for the VA Southern Nevada Healthcare System. I've been working as a licensed pharmacist for about 8 months now. Although that isn't a long period of time, I've learned a lot in terms of what is it to work as a new practitioner. The following is a letter to my 8-month-younger self, a new graduate who has just transitioned from student to pharmacist.

Dear New-Pharmacist Eddy,

I know, this is ridiculous. I bet it feels pretty lame to get a note from your future self who is only 8 months older than you are now. All those super emotional and impactful "letter to yourself" scenarios in books and movies are at least 10 years older than the present-day person. But hear me out. You might take something away from this.

You're still learning. Don't ever think that you're done learning because you're done with standardized education. Yes, you've accomplished your goal and have a great career ahead of you, but always keep learning new skills, keep improving yourself, and stay humble and open-minded. Your career has many lessons to learn from, even after the lectures and rotations you've finished. Let's go through a couple things to take note of before you get to where you will be.

1) Introduce yourself and be polite to everyone around you. Solid first impressions make the rest of the process so much easier. You have a great group of pharmacists, technicians, nurses, and doctors around you. Being on each other's good side makes your job way easier and more enjoyable. Some people miserably drag themselves to work and want to clock out before they've even clocked in. Don't let that be you. Even if everything is falling apart during your shift, the company of the ones around you at work may be what keeps you sane.

2) The first time you hear your coworker tell you to "use your clinical judgment" is when you'll really feel the weight of your patient care decisions. Don't let it deter you from making impactful decisions. Be confident in your decisions. However, if you're going to make those judgment calls, you better have a darn good reason to back it up as to why you did it, whether that be through a little bit of common sense, or evidence-based guidelines. (Hint: go with the latter more often than the former.)

(Continued on page 13)

New Practitioner Spotlight

(Continued from page 12)

3) I get it, you were always a night owl. You didn't like to sleep early and it didn't affect you much in school. That needs to change. Sleep early and be well rested before work. This time, your exhaustion could be dangerous for your patients. Didn't completely check patient's information whether they are qualified for an oral anticoagulant? Missed a contraindication. Too tired to properly dose an antibiotic according to renal function for a patient's diabetic foot infection? Potential limb amputation. You don't have a preceptor double checking your work. You won't want to be losing sleep over something you could've done better at work. Begin the day focused and stay vigilant throughout your shift.

4) Don't be scared to ask questions! Your degree does not mean you are now never allowed to ask questions. Your coworkers were once new pharmacists too and are willing to give you their input whether it be about your TPN electrolyte adjustments or how you dose that warfarin patient with the erratic INR. After all, they would rather have you ask them and do it right than to fix your mistake. Don't worry, you'll have your chances to repay them by answering some of their questions too.

That's all for now. If you got something out of this, you're welcome. If you're still disappointed, fine, I'll come visit again when I'm wrinkly, gray-haired, and a little wiser. In the meantime, take care of your family, have fun with friends, and stop eating so much fast food or you'll end up as the patient instead of the caregiver.



New Drug Update



Russel Arceo

Pharm.D. Candidate 2019
Roseman University
College of Pharmacy

Trogarzo™ *ibalizumab-uiyk*

On March 6, 2018, Trogarzo™, generic name ibalizumab-uiyk, was approved by the FDA. Developed by TaiMed Biologics USA Corp, this new drug came with a labeled indication of treating HIV-1 infection in conjunction with other antiretrovirals for treatment-experienced adults with multidrug resistant HIV-1 infection.¹

Human Immunodeficiency Virus (HIV), with HIV type 1 being the most common worldwide, suppresses the body's immune system by attacking CD4+T cells and utilizing them for viral replication. This hinders the body to fight infections and may progress to AIDS (Acquired Immune Deficiency Syndrome). Prevalence within the United States is at a rate of 303.5 individuals per 100,000 population.² While in Nevada alone, HIV prevalence is above the national rate at 372.8 per 100,000 population.³

For the improvement of patient morbidity, prevention of mortality, and HIV transmission, there were 6 drug classes, prior to Trogarzo™, used to treat patients diagnosed with HIV. These include nucleoside reverse transcriptase inhibitors (NRTI), non-nucleoside reverse transcriptase inhibitors (NNRTI), protease inhibitors (PI), integrase inhibitors (INSTI), fusion inhibitors (FI), and chemokine receptor (CCR5) antagonists. They work to prevent viral replication through inhibiting certain aspects of the HIV cell cycle. Inhibition includes: cell surface binding or viral entry (FI, CCR5 antagonist), HIV DNA synthesis (NRTI, NNRTI), HIV DNA insertion to host DNA (INSTI), or HIV polyprotein cleavage (PI).⁴ The goal is to achieve an HIV RNA viral load suppression of <20-75 copies/mL.⁵

HIV mutations may cause multidrug resistance, where strict adherence to antiretroviral therapy (ART) does not control viral load. This leads to treatment failure and possible transmission of multidrug resistant HIV. Trogarzo™ is in a drug class of its own, known as a post-attachment inhibitor (PAI). It is a humanized IgG4 monoclonal antibody which binds to domain 2 of the CD4+T cell receptor, which leads to conformational changes of the cell receptor-complex and prevents HIV fusion and entry.⁶ It is indicated for heavily treatment-experienced individuals who fail their current ART due to multidrug resistant HIV-1 infection.⁷

Trial TMB-301 lead to the FDA approval, where it tested the primary efficacy endpoint of subjects achieving a $\geq 0.5 \log_{10}$ decrease in viral load during a functional monotherapy.

(Continued on page 15)

New Drug Update

(Continued from page 14)

py period. Forty subjects were required to have a viral load greater than 1,000 copies/mL and resistance to at least one antiretroviral medication each from three classes (NRTI, NNRTI, and PI). They were given Trogarzo™ along with their current ART. Subjects received a loading dose of 2000 mg during the functional monotherapy period and saw 83% of the subjects reaching the primary efficacy endpoint. Afterwards, a maintenance dose of 800 mg was given every two weeks; by week 25, 43% of the subjects had a viral load of <50 copies/mL and 50% had a viral load of <200 copies/mL.⁷

Trogarzo™ comes as the branded product in an intravenous solution, available in a single-dose, 2 mL vial containing 150 mg/mL of ibalizumab-uiyk. For administration, it is diluted in 250 mL of NS and given intravenously for a duration of 15-30 minutes with a loading dose of 2,000 mg and maintenance dose of 800 mg every two weeks. Currently, ibalizumab-uiyk has not been evaluated in pediatric/pregnant/geriatric patients or for renal/hepatic impairment. Also, there are no contraindications or drug interactions known at the moment, however, there is a potential for immunogenicity. Patients should monitor for Immune Reconstitution Inflammatory Syndrome and common side effects include diarrhea, dizziness, nausea, and rash.⁷

References:

1. Ibalizumab-uiyk. In: Lexicomp Online®, Hudson, OH: Lexi-Comp, Inc; March 2018. http://nv-ezproxy.roseman.edu:2075/lco/action/doc/retrieve/docid/patch_f/6620085. Accessed April 1, 2018.
2. Centers for Disease Control and Prevention. HIV Surveillance Report, 2016; vol. 28. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published November 2017. Accessed April 1, 2018.
3. Office of Public Health Informatics and Epidemiology. Division of Public and Behavioral Health. 2016 HIV Fast Facts. Carson City, Nevada. e1.0. July 2017.
4. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV. Department of Health and Human Services. Available at <http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf>. Accessed April 1, 2018.
5. Laboratory Testing Plasma HIV-1 RNA (Viral Load) and CD4 Count Monitoring. US Department of Health and Human Services: AIDSinfo website at <https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv/458/plasma-hiv-1-rna--viral-load--and-cd4-count-monitoring>. Updated May 1, 2014. Accessed April 1, 2018.
6. Iacob SA, Iacob DG. Ibalizumab Targeting CD4 Receptors, An Emerging Molecule in HIV Therapy. *Frontiers in Microbiology*. 2017;8:2323. doi:10.3389/fmicb.2017.02323.
7. Trogarzo (ibalizumab-uiyk) [prescribing information]. Irvine, CA: TaiMed Biologics USA Corp; March 2018.

Student Chapter News



Cherelle Nelson

Pharm.D. Candidate 2020
Roseman University
College of Pharmacy

—
NVSHP Student
Representative

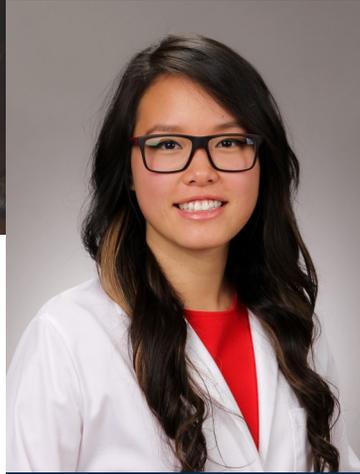
During our school year, our Student Alliance organization, holds events to promote legislation and policies surrounding our profession in pharmacy. Earlier in the year, our university held an event called the “Great Policy Debate” where two teams, made up of a faculty member and a student, discussed the topic of choice relating to our pharmaceutical profession. This year’s topic, “Should Pharmacists be able to diagnose and treat influenza”, was inspired from the Senate bill SR 542 which would give pharmacists the education, means, and ability to test and treat strep throat and/or the flu as well as provide treatment without a prescription from a Physician.

There were very compelling arguments on both sides. The “PROS” included alleviating patient traffic from the emergency rooms to our community pharmacies, and to promote more presence in the community as health care providers in a “point of care” setting. The “CONS” included, lack of sufficient training to our pharmacists to conduct such tests which would lead to misdiagnosed patients and increasing workload to pharmacists. Other points that were addressed were the Pharmacist Oath to provide the best care to our patients, pharmacy students do clinical based education during the didactic years, insurance issues regarding payment of such services provided by the pharmacist and pharmacy, and whether diagnostic tests were even available in pharmacies especially in the underserved communities. Despite the differences in opinion, everyone does agree that pharmacists should be able to provide these simple services to our communities, including our highly underserved areas, but that we lack the sufficient training to do so.

Following the debate, there was an hour forum to discuss the topic more in depth and used the time to answer any questions regarding provider status for Pharmacists, what it will mean for the future of Pharmacist, and providing “point of care” healthcare to our patients. The event raised more awareness to our student pharmacists on provider status and increased support for the advancement of Pharmacy in our communities.



Student Chapter News



Vivian Ho

Pharm.D. Candidate 2019
Roseman University
College of Pharmacy

Heart disease is the leading cause of death among Latinas in the Hispanic community. Every year, CVS, Macy's, and the American Heart Association (AHA) hosts an event called Go Red Por Tu Corazón as a collective effort to educate the community about heart disease. This event is held in multiple cities and serves to encourage women of the Hispanic community to pay more attention to their cardiovascular health and to take initiative in leading a more heart healthy lifestyle. Go Red for Women is the organization under the AHA that organizes the event each year. Various health centers around Las Vegas came together to provide resources for attendees and sponsors of the luncheon demonstrated delicious but health conscious recipes patients can make at home.

Roseman University had 12 students from Movimiento Estudiantil Roseman (MER) and Student Alliance work together to translate important health information as well as provide blood glucose and blood pressure screenings. We provided screenings for over 70 patients in 2 hours! Many patients left our table left with information on how they can

improve their health through exercising and proper diet. Other vendors like Dignity Health provided information on free educational classes that helped patients manage their chronic diseases.

Events like this are impactful to the community as it can be hard for certain patients to gain access to important information beneficial to their health. This event was televised on channels like Telemundo and in newspapers so patients who don't have access to sites like Facebook were still informed about it's location and details. Many patients who attended the event were in the elderly age group, and being able to consult them regarding their medication and how they were managing their diabetes or blood pressure was very rewarding. As a future pharmacist I realize that language barriers can be a huge problem in providing patient education for the Hispanic community. Through this event, I was made aware of the resources I can recommend patients, so they can manage their illnesses effectively and with confidence.



Novel Drug Approvals

Brand Name	Generic Name	Approval Date	Indication
Takhzyro	lanadelumab	8/23/2018	To treat types I and II hereditary angioedema
Oxervate	cenegermin-bkbj	8/22/2018	To treat neurotrophic keratitis
Diacomit	stiripentol	8/20/2018	To treat seizures associated with Dravet syndrome in patients 2 years of age and older taking clobazam
Galafold	migalastat	8/10/2018	To treat adults with Fabry disease
Annovera	segesterone acetate and ethinyl estradiol vaginal system	8/10/2018	New vaginal ring used to prevent pregnancy for an entire year
Onpattro	patisiran	8/10/2018	To treat the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adult patients
Poteligeo	mogamulizumab-kpkc	8/8/2018	To treat two rare types of non-Hodgkin lymphoma
Mulpleta	lusutrombopag	7/31/2018	To treat thrombocytopenia in adult patients with chronic liver disease who are scheduled to undergo a procedure
Omegaven	fish oil triglycerides	7/27/2018	As a source of calories and fatty acids in pediatric patients with parenteral nutrition-associated cholestasis
Orilissa	elagolix sodium	7/23/2018	For the management of moderate to severe pain associated with endometriosis
Krintafel	tafenoquine	7/20/2018	For the radical cure (prevention of relapse) of Plasmodium vivax malaria
Tibsovo	ivosidenib	7/20/2018	To treat patients with relapse or refractory acute myeloid leukemia
TPOXX	tecovirimat	7/13/2018	To treat smallpox
Braftovi	encorafenib	6/27/2018	To treat unresectable or metastatic melanoma
Mektovi	binimetinib	6/27/2018	To treat unresectable or metastatic melanoma
Zemdri	plazomicin	6/25/2018	To treat adults with complicated urinary tract infections
Epidioloex	cannabidiol	6/25/2018	To treat rare, severe forms of epilepsy
Moxidectin	moxidectin	6/13/2018	To treat onchocerciasis due to Onchocerca volvulus in patients aged 12 years and older

Novel Drug Approvals

Brand Name	Generic Name	Approval Date	Indication
Olumiant	baricitinib	5/31/2018	To treat moderately to severely active rheumatoid arthritis
Palynziq	pegvaliase-pqpz	5/24/2018	To treat adults with a rare and serious genetic disease known as phenylketonuria (PKU)
Doptelet	avatrombopag	5/21/2018	To treat low blood platelet count (thrombocytopenia) in adults with chronic liver disease who are scheduled to undergo a medical or dental procedure
Lokelma	sodium zirconium cyclosilicate	5/18/2018	To treat hyperkalemia
Aimovig	erenumab-aooe	5/17/2018	For the preventative treatment for migraine
Lucemyra	lofexidine hydrochloride	5/16/2018	For the non-opioid treatment for management of opioid withdrawal symptoms in adults
Akynzeo	fosnetupitant and palonosetron	4/19/2018	To prevent acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy
Crysvita	burosumab-twza	4/17/2018	To treat adults and children ages 1 year and older with x-linked hypophosphatemia (XLH), a rare, inherited form of rickets
Tavalisse	fostamatinib	4/17/2018	To treat thrombocytopenia in adult patients with persistent or chronic immune thrombocytopenia (ITP)
Ilumya	tildrakizumab	3/20/2018	To treat adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy
Trogarzo	ibalizumab-uiyk	3/06/2018	To treat HIV patients who have limited treatment options
Erleada	apalutamide	2/14/2018	To treat a certain type of prostate cancer using novel clinical trial endpoint
Symdeko	tezacaftor; ivacaftor	2/14/2018	To treat cystic fibrosis in patients age 12 years and older
Biktarvy	bictegravir, embitcitabine, tenofovir alafenamide	2/7/2018	To treat infection in adults who have no antiretroviral treatment history or to replace the current antiretroviral regimen

Novel Drug Approvals

Brand Name	Generic Name	Approval Date	Indication
Lutathera	lutetium Lu 177 dotatate	1/26/2018	To treat a type of cancer that affects the pancreas or gastrointestinal tract called gastroenteropancreatic neuroendocrine tumors (GEP-NETs)
Giapreza	angiotensin II	12/21/2017	To increase blood pressure in adults with septic or other distributive shock
Macrilen	macimorelin acetate	12/20/2017	For the diagnosis of adult growth hormone deficiency
Steglatro	ertugliflozin	12/19/2017	To improve glycemic control in adults with type 2 diabetes mellitus
Rhopressa	netarsudil	12/18/2017	To treat glaucoma or ocular hypertension
Xepi	ozenoxacin	12/11/2017	To treat impetigo
Ozempic	semaglutide	12/5/2017	To improve glycemic control in adults with type 2 diabetes mellitus
Hemlibra	emicizumab	11/16/2017	To prevent or reduce the frequency of bleeding episodes in adult and pediatric patients with hemophilia A who have developed antibodies called Factor VIII (FVIII) inhibitors.
Mepsevii	vestronidase alfa-vjvk	11/15/2017	To treat pediatric and adult patients with an inherited metabolic condition called mucopolysaccharidosis type VII (MPS VII), also known as Sly syndrome
Fasenra	benralizumab	11/14/2017	For add-on maintenance treatment of patients with severe asthma aged 12 years and older, and with an eosinophilic phenotype
Prevymis	letermovir	11/8/2017	To prevent infection after bone marrow transplant
Vyzulta	latanoprostene bunod ophthalmic solution	11/2/2017	To treat intraocular pressure in patients with open-angle glaucoma or ocular hypertension
Calquence	acalabrutinib	10/31/2017	To treat adults with mantle cell lymphoma
Verzenio	abemaciclib	9/28/2017	To treat certain advanced or metastatic breast cancers
Solosec	secnidazole	9/15/2017	To treat bacterial vaginosis
Aliqopa	copanlisib	9/14/2017	To treat adults with relapsed follicular lymphoma



Become involved with NVSHP!

NVSHP is seeking members who would like to actively participate in changing the profession of pharmacy. We would love to have you serve on one of our standing committees: Education, Membership, or Legislation. If you are interested in becoming more involved, please email us at: nvshp@nvshp.org.